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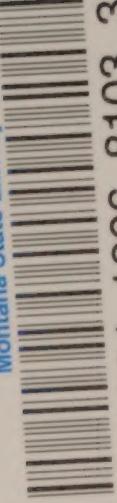
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Montana

**Youth Risk
Behavior
Survey**



Summary Report



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Montana Youth Risk Behavior Survey Co-sponsors:

Montana Office of Public Instruction

Montana Board of Crime Control

Montana Department of Public Health and Human Services

Indian Health Service

Healthy Mothers, Healthy Babies

Montana Department of Transportation

Blue Cross and Blue Shield of Montana

Montana Communities in Action

Division of Adolescent and School Health, Centers for Disease Control and Prevention

The information in this summary is compiled from several sources, including the 1999 Montana Youth Risk Behavior Survey, the Vital Records and Health Statistics Bureau (of the MDPHHS), the Juvenile Probation Information System (of the MBCC, Department of Justice), the Traffic Safety Division (of the Department of Justice), and several federal agencies. For more detailed information, contact the responsible agency identified as the reference.

This report complements the 1999 MONTANA YOUTH RISK BEHAVIOR SURVEY REPORT and contains information correlating public health and other data sources to risk behaviors of Montana youth related to:

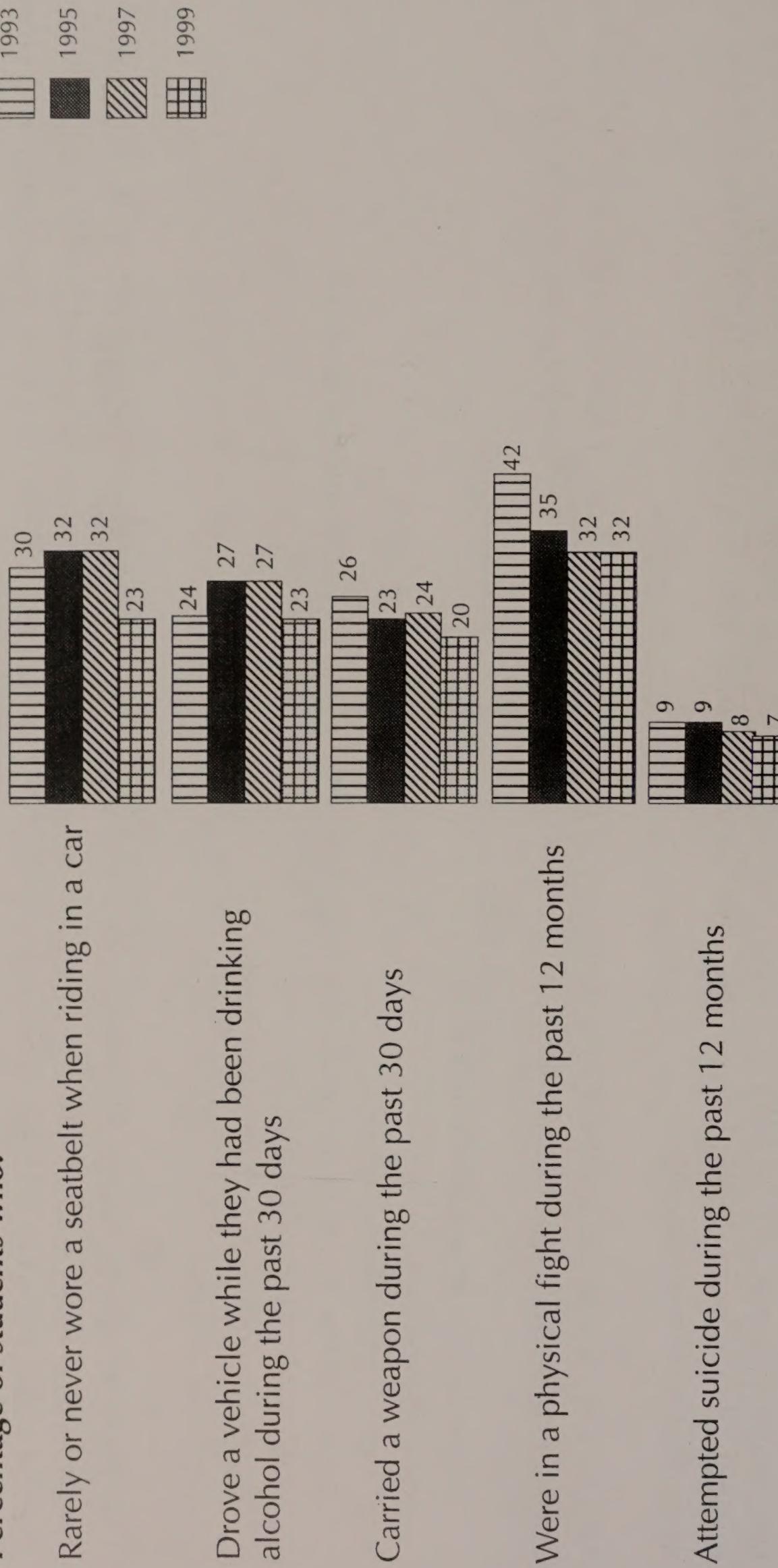
- intentional and unintentional injuries;
- tobacco use;
- alcohol and other drug use;
- sexual behaviors that result in HIV infection, other sexually transmitted diseases and unintended pregnancies;
- nutrition and dietary behavior; and
- physical activity.

The 1999 Montana Youth Risk Behavior Survey was conducted in the spring of 1999. The survey was administered to 15,825 students with report results based on a random sample of 2,917 students. The data can be generalized to all high school students in Montana. The Office of Public Instruction acknowledges and appreciates the commitment, cooperation and support of the participating schools and their students.

SUMMARY MONTANA YRBS FINDINGS

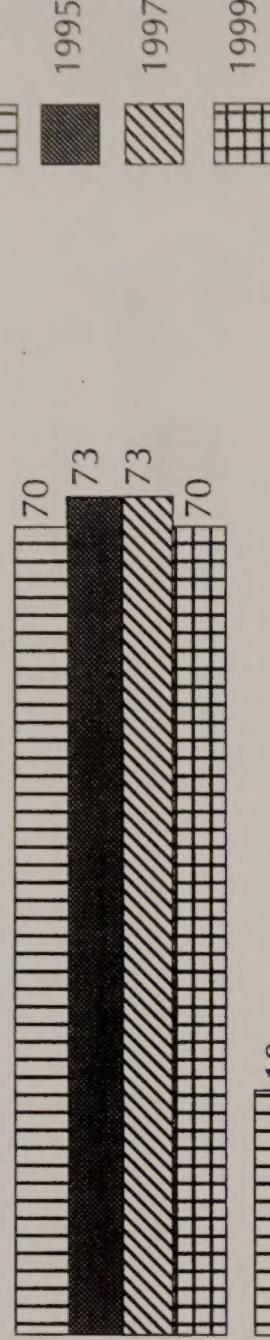
MONTANA OFFICE OF PUBLIC INSTRUCTION

Percentage of students who:

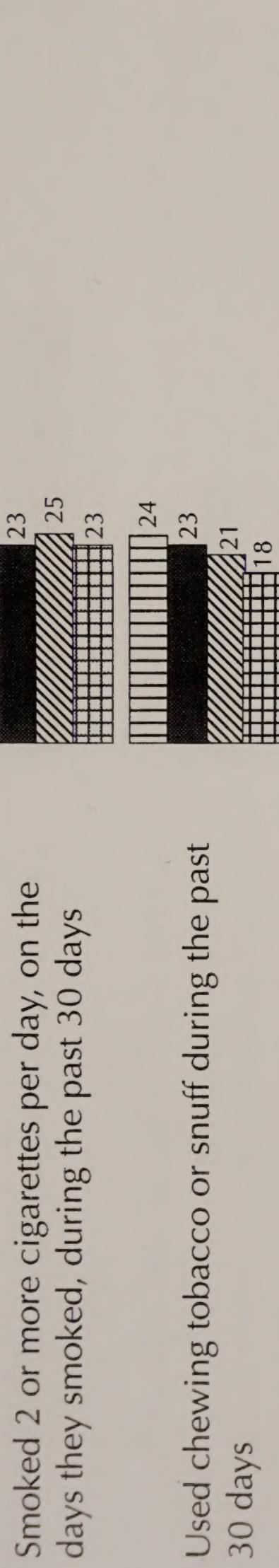


Percentage of students who:

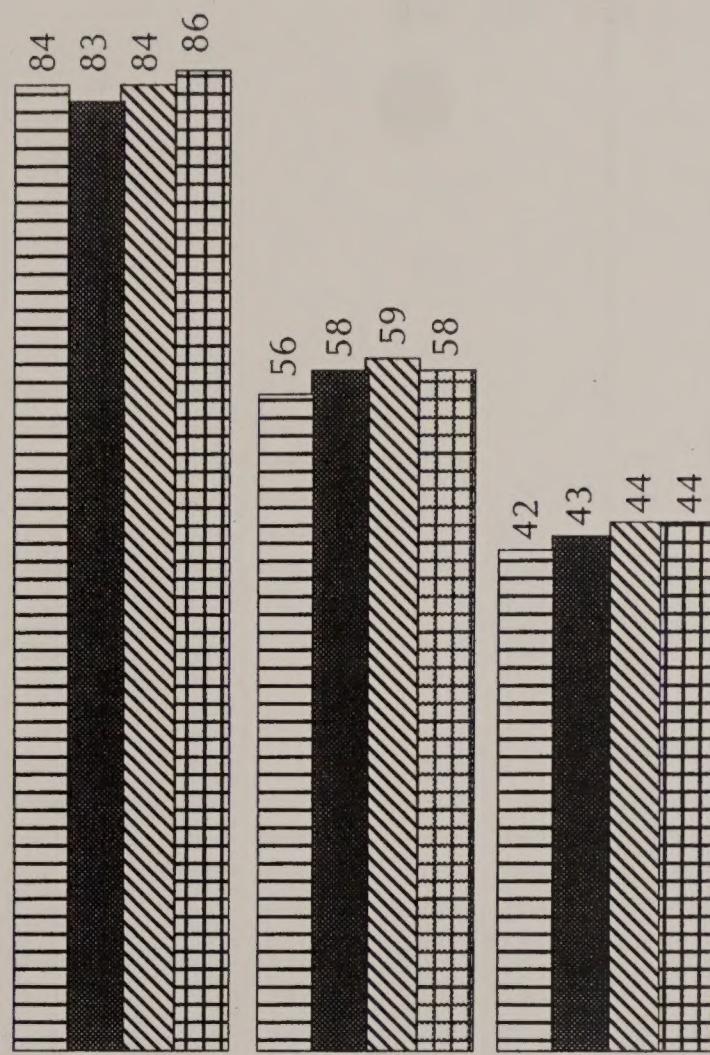
Ever tried cigarette smoking



Smoked 2 or more cigarettes per day, on the days they smoked, during the past 30 days

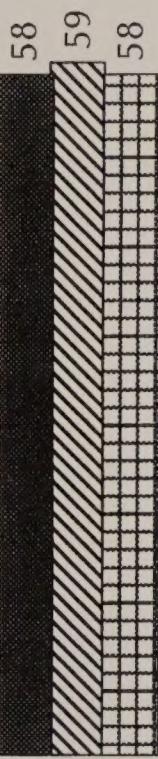


Used chewing tobacco or snuff during the past 30 days



Ever drank alcohol

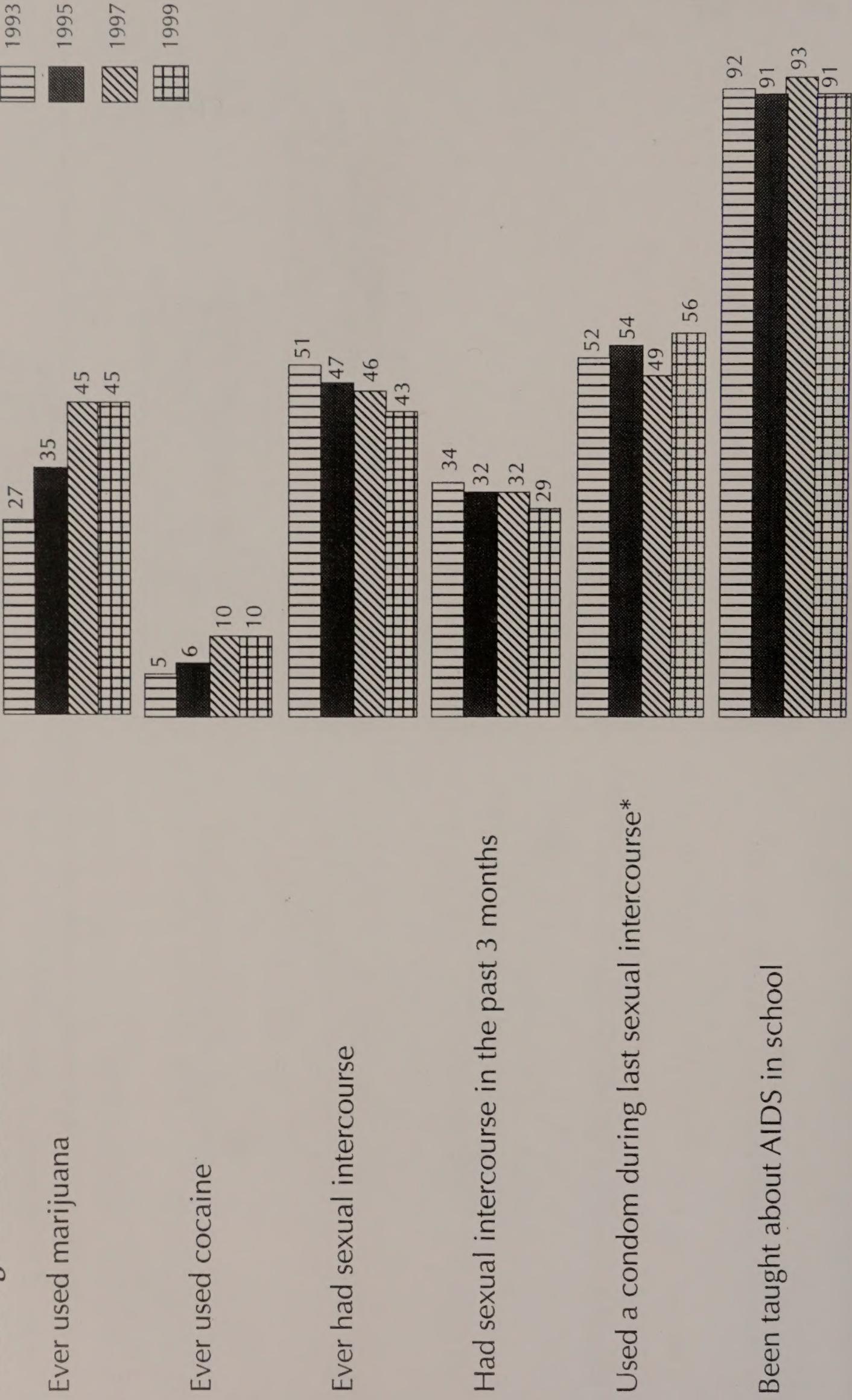
Had at least one drink of alcohol during the past 30 days



Had 5 or more drinks within a couple of hours, at least once, in the past 30 days

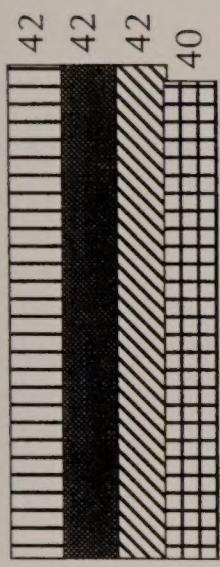
0 10 20 30 40 50 60 70 80 90 100

Percentage of students who:

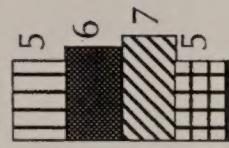


*Of students who had sexual intercourse during the past three months.

Percentage of students who:

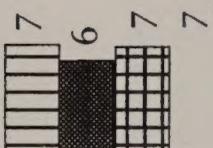


Were trying to lose weight
Vomited or took laxatives to lose weight during
the past 30 days

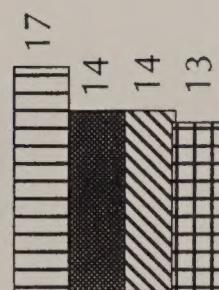


RELATED TO SCHOOL PROPERTY

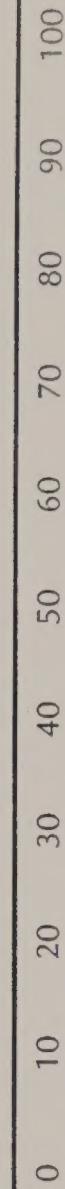
Did not go to school on one or more of the past 30 days because they felt unsafe at school or on their way to or from school



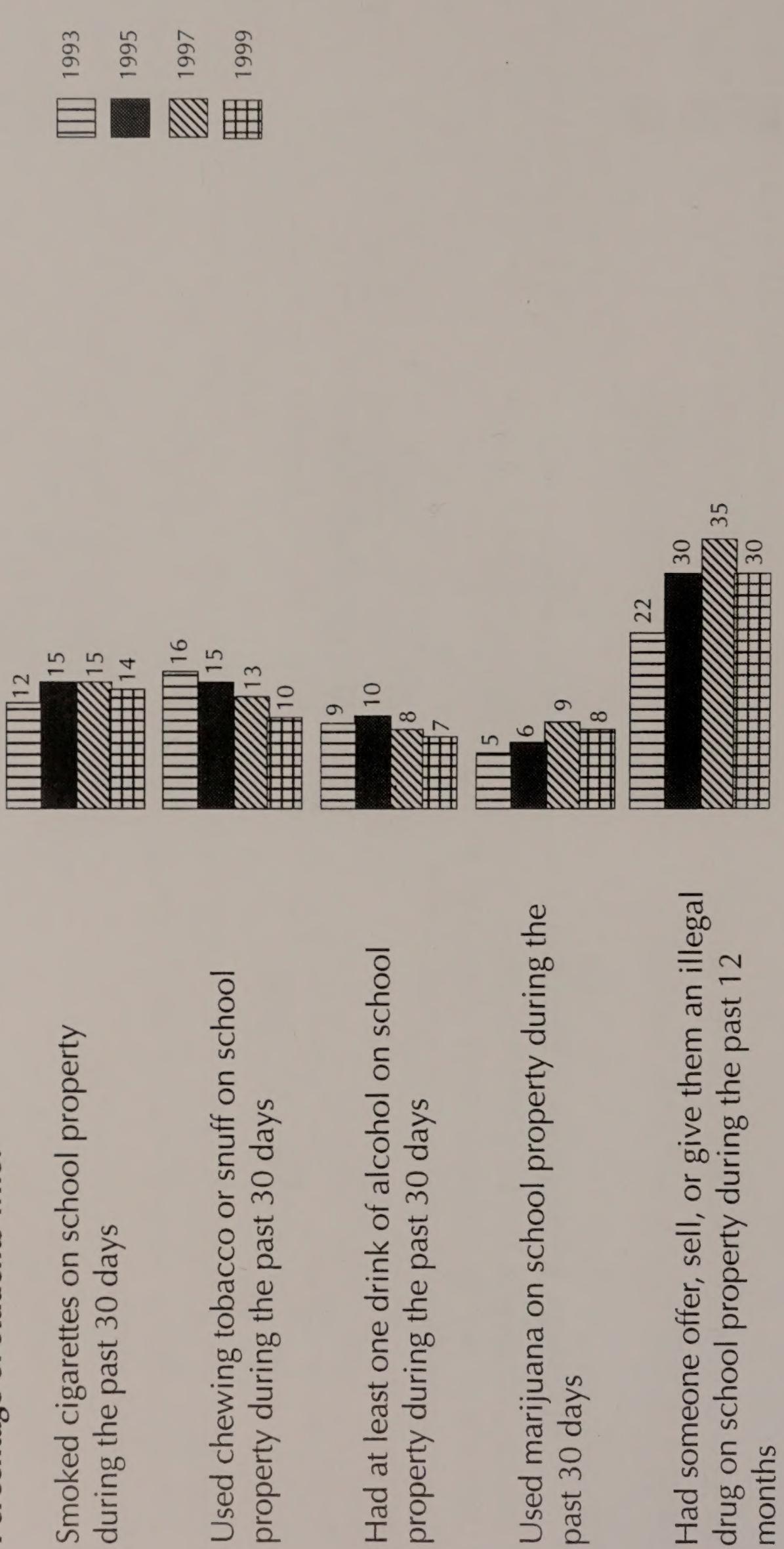
Had been threatened or injured with a weapon on school property during the past 12 months



Were in a physical fight on school property during the past 12 months



Percentage of students who:



0 10 20 30 40 50 60 70 80 90 100

Violence

Fighting is the most important antecedent behavior for many homicides among adolescents. The 1999 YRBS shows that 42 percent of males and 21 percent of females had been in a physical fight in the past 12 months⁵.

The age and sex pattern for delinquent crimes in Montana differs only slightly from national statistics. For example, female delinquent referrals to youth court are as high or higher than the national rate of referral. Among Montana's youth, the highest rates of referral to youth court were for 15-year-old females at 19.5 percent and for 17-year-old males at 20.8 percent¹⁵.

The most common reason for a juvenile to appear in youth court was misdemeanor theft, with 18.2 percent of males and 17.9 percent of females in youth court for this reason¹⁵. The most common violent crime for which a juvenile appears in youth court is simple assault, with 5.9 percent of males and 4.8 percent of females referred to youth court for this crime¹⁵. Non-alcohol drug offenses were involved in only 6.7 percent of all referrals to youth court; liquor violations were involved in 4.3 percent of all referrals¹⁵.

SUICIDE

Suicide is the third leading cause of death in the U.S. among youth aged 15-24¹ and the suicide rate among persons aged 15-24 has nearly tripled since 1950². In Montana, suicide is the second leading cause of death among persons aged 15-24³, giving Montana the third highest suicide rate in the U.S.⁴ According to YRBS data, Montana and national comparisons are:

	CONSIDERED SUICIDE	ACTUALLY PLANNED SUICIDE	ATTEMPTED SUICIDE
Montana ⁵	19%	16%	7%
United States ⁶	20%	16%	8%

In 1997, 43 Montanans between the ages of 10 and 29 committed suicide (13 suicides among youth aged 15-19, 14 among 20-24 year olds, and 16 between the ages of 25 and 29).

Injury AND DEATH

Montana continues to have one of the highest injury-related death rates in the U.S.⁴ During 1997, 122 Montanans aged 10-24 died due to motor vehicle accidents, other accidents, suicide and homicide³.

	<u>1991</u>	<u>1992</u>	<u>1995</u>	<u>1997</u>
• Motor vehicle accidents	52	58	46	63
• Other accidents	30	25	20	24
• Suicide	28	25	42	27
• Homicide	5	7	10	8

In 1998, there were 3,079 auto accident injuries to Montanans aged 0-19⁷. The ten-year average for traffic deaths for persons aged 0-19 is 39 and for auto accident injuries it is 3,043⁷. Of all deaths among Montanans aged 10-24, 71 percent were caused by injuries, and 52 percent of those deaths were related to motor vehicle accidents⁸. Suicide accounts for nearly 22 percent of all deaths³.

Seatbelt use can reduce motor vehicle fatalities by 40 to 50 percent and serious injuries by 45 to 55 percent⁹. Seatbelts were always worn by 26 percent of Montana students while riding in a car driven by someone else⁵. Further, seatbelts were rarely or never worn by 23 percent of Montana students compared to 19 percent of students nationally⁵.

Unhelmeted motorcyclists are two times more likely to incur a fatal head injury and three times more likely to incur a nonfatal head injury than a helmeted rider¹⁰. In addition, the risk of injury for unhelmeted bicyclists is more than six times greater than helmeted riders¹¹. Montana YRBS data show that only 28 percent of motorcyclists and 4 percent of bicyclists always wear helmets⁵.

TOBACCO, ALCOHOL, AND OTHER DRUG USE

Montana youth report their use of tobacco generally begins at age 13⁵. The use of cigarettes, alcohol and other drugs parallels the national average for most substances. Smokeless tobacco use among Montana youth is 1.9 times greater than the national rate. Recent use (i.e., used at least once in the 30 days before the survey) of tobacco, alcohol and other drugs is:

	CIGARETTES	SMOKELESS TOBACCO	ALCOHOL	MARIJUANA	COCAINE
Montana ⁵	35%	18%	58%	26%	4%
United States ⁶	36%	9%	51%	26%	3%

Alcohol use ("ever having consumed") among 12th-grade Montana students is 90 percent, and among 9th-12th grade students it is 86 percent⁵. In Montana, youth aged 12-20 account for 16 percent of all admissions for alcohol and drug treatment services (6 percent are aged 12-17; 10 percent are aged 18-20)¹².

SEXUAL BEHAVIORS

Since the 1970s, certain sexually transmitted diseases (including HIV infection), unintended pregnancies and other problems resulting from sexual activity have increased among adolescents¹³. The percentage of youth reporting ever having had sexual intercourse is:

	GRADES 9-12	GRADE 9	GRADE 10	GRADE 11	GRADE 12
Montana ⁵	43%	29%	39%	46%	58%
United States ⁶	48%	38%	43%	50%	61%

In Montana, 31 percent of sexually active high school youth reported abstaining from sexual intercourse in the three months prior to the survey⁵. Nationally, 28 percent of sexually active high school youth reported abstaining from sexual intercourse in the three months prior to the survey⁶.

Sexually Transmitted Diseases—In Montanans aged 10-19 there were 584 cases of chlamydia, 13 cases of gonorrhea, and 0 case of syphilis in 1998; there were 527 cases of chlamydia, 30 cases of gonorrhea, and 3 cases of syphilis in 1997¹⁴.

Teen Pregnancy—There were 1,878 pregnancy outcomes reported in 1997 among Montana females aged 15-19³. These outcomes were:

- 1,310 live births
- 563 abortions
- 5 fetal deaths

Based on 1997 census estimates, a pregnancy was reported for nearly one out of every 19 Montana females aged 15-19.

HIV/AIDS—The cumulative number of AIDS cases reported among persons aged 20-29 is important data because the incubation period between HIV infection and the clinical diagnosis of AIDS can be nearly ten years, thus many persons aged 20-29 may have been infected in their teen years. The percent of Montana AIDS cases in persons aged 20-29 is greater than the national percent for this same age group¹⁴.

United States	17%
Montana	21%

NUTRITION AND DIETARY BEHAVIOR

Obesity acquired during childhood or adolescence may persist into adulthood, increasing the risk for chronic conditions such as diabetes, heart disease, high blood pressure, stroke, some cancers, and gall bladder diseases¹⁶. Overemphasis on thinness can contribute to eating disorders such as anorexia nervosa and bulimia¹⁶. Montana YRBS data indicate that of youth in grades 9-12:

- 39 percent of females and 22 percent of males think they are overweight;
- 61 percent of females and 21 percent of males are trying to lose weight;
- 73 percent of females and 43 percent of males exercised to lose weight;
- 8 percent of females and 2 percent of males vomited and/or took laxatives to lose weight; and
- 11 percent of females and 4 percent of males took diet pills to lose weight or to keep from gaining weight.

Americans consume 36 percent of their total calories from fat. High fat diets are associated with increased risk of obesity, heart disease, and some cancers¹⁶. Because lifetime dietary patterns are established during youth, adolescents should be encouraged to choose nutritious foods and to develop healthy eating habits. The Montana YRBS results for youth in grades 9-12 show that 81 percent of all students eat five or more fruits and vegetables per day.

PHYSICAL ACTIVITY

Regular physical activity increases life expectancy and can assist in the prevention and management of coronary heart disease, hypertension, diabetes, osteoporosis, obesity, and mental health problems. The quality and quantity of school physical education programs have a significant positive effect on the health-related fitness of children. The Montana YRBS data⁵ reveal that:

- 70 percent of all students in grades 9-12 engage in aerobic exercise three or more times weekly, and 59 percent engage in strength exercise at the same frequency.
- 54 percent of all students in grades 9-12 attend at least one physical education class per week, and 36 percent of all students attend physical education classes every day.
- Most students who attend physical education classes exercise for at least 20 minutes in each class.

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- 14) Montana Department of Public Health and Human Services, AIDS/STD Project, Surveillance Data (1985-1998).
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Nancy Keenan, Superintendent

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